WATER WELL REPORT Start Card No. 074009
STATE OF WASHINGTON Water Right Permit No.

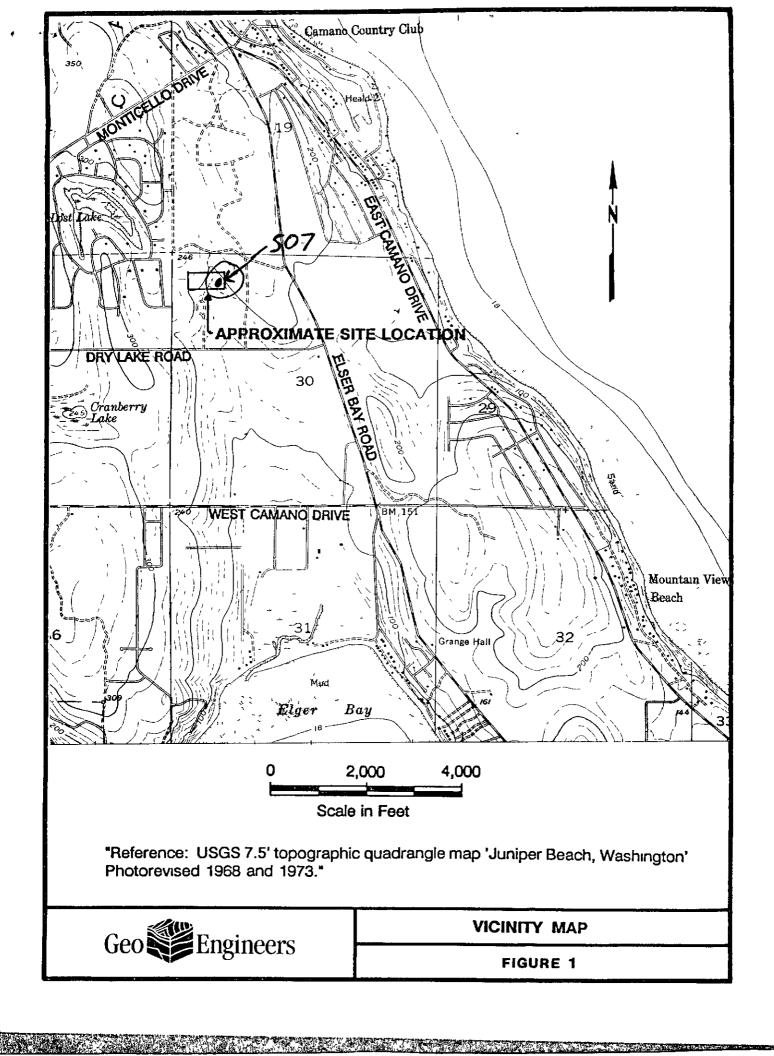
(1) OWNER: Name CAMANO WATER ASSOCIATION Address P 0 BO	IX 277 STANNOOD, WA 98292-	
(2) LOCATION OF WELL: County ISLAND (2a) STREET ADDRESS OF WELL (or nearest address) WELL #7 CAMAND I	– NM 1/4 NM 1/4 Sec 30 T 31 N., R 3 ₩M	
(3) PROPOSED USE: MUNICIPAL	(10) MCLL LUB	
(4) TYPE OF WORK: Owner's Number of well (If more than one) NEW MELL Method: ROTARY	Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change in formation.	
(5) DIMENSIONS: Diameter of well 8 inches Drilled 254 ft. Depth of completed well 254 ft.	MATERIAL FROM TO	
(6) CONSTRUCTION DETAILS: Casing installed: 8 " Dia. from 0 ft. to 244 ft. WELDED " Dia. from ft. to ft. " Dia. from ft. to ft.	SROWN CLAY & GRAVEL 90 143 BRUN CLAY & GRAVEL 90 143 BLUE CLAY 143 187 COARSE SAND & MATER 187 204 TIGHT SAND CLAY 204 215	
Perforations: NO Type of perforator used SIZE of perforations in. by in. perforations from ft. to ft. perforations from ft. to ft. perforations from ft. to ft.	SILTY SAND & WATER 238 238 COARSE SAND WATER & GRAVEL 238 258	
Screens: YES 1' ext on bottom: 2' ext on Manufacturer's Name JUHNSUN Type STAINLESS STEEL Model No. TELESCOPING Diam. 8 slot size 40 from 243 ft. to 253 ft. Diam. slot size from ft. to ft.		
Gravel packed: NO Size of gravel Gravel placed from ft. to ft.	RECEIVED	
Surface seal: YES To what depth? 18 ft.		
Did any strata contain unusable water? NO Type of water? Depth of strata ft. Method of sealing strata off	DEPT. OF ECOLOGY	
(7) PUMP: Manufacturer's Name Gould Type H.P. 20		
(8) WATER LEVELS: land-surface elevation above mean sea level ft. Static level 160 ft. below top of well Date 05/28/93 Artesian Pressure lbs. per square inch Date		
	Work started 05/25/93 Completed 05/28/93	
(9) WELL TESTS: Drawdown is amount water level is lowered below static level. Was a pump test made? If yes, by whom? Yield: gal./min with ft. drawdown after hrs.	MELL CONSTRUCTOR CERTIFICATION: I constructed and/or accept responsibility for con- struction of this well, and its compliance with all	
Recovery data Time Water Level Time Water Level Time Water Level	NAME DAMLMAN PUMP & WELL DRILL (Person, firm, or corporation) (Type or print)	
Higgs in the debies		



WELL TAGGING FORM

Date of Field Visit 7/29/91 By M. O'Toole				
ADDITIONAL WELL IDENTIFIERS				
Department of Health System ID Number 107507 Source Number SO 7				
USGS Site Identification				
RECORD VERIFICATION				
Well Report available (please attach) □ Well Report not available □ Verification inconclusive WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT				
Name Comono Water Association				
Street address 81 Monticello				
City Comano Islano State WA 98292				
LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT				
Well Address 1687 BONNIE LN				
City Compno Island County Island				
T. 3/N. R. 3E W.M. Sec. 30 NW 4 of the NW 4				
1260 Feet East AND 1150 Feet South, NW COINE Sec 30				
Latitude GPS (raw data) GPS (corrected)				
Longitude o ' Topographic Map Survey Computer generated Other				
Elevation at land surface				

Additional information, if available:						
A Lo	cation ma	arked on t	opograph	ic map (please attach)		
				(please attach)		
Water Rig	ght # <u>6</u>	1-00	513	Priority Date 7/29/63		
				Certificate Claim Exempt		
WELL CHARACTERISTICS						
Physical Description of Well (size of casing, type of well, housing, etc.): \[\frac{\frac{1}{2} \cdot 2 \frac{3}{2} \frac{1}{2} \frac{1}{						
25	254 Feat Deep					
Location	of Well I	dentificati	on Tag:	STrappeo to CASINY		
Location	or wen i	испипсаи	on rag	31177500 11 01737.9		
Was Supplemental Tag needed for ease of identifying well? NO □ YES If yes, where was tag placed?						
Scale 1:24,000 (1"=2,000')						
D.	С	В	A			
Е	F	G	н	Indicate the location of the well within the Section		
М	L	K	J	by drawing a dot at that point.		
N	P	Q	Ř			
SI	ECTION	30	, '2-,			
<u> </u>						



Digital Altimeter

Topographic Map Other _____



X

Well Tagging Form

Unique Well Tag No: ALS 394

RECORD VERIFICATION (check ✓one) Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you). If a well report is not available, please complete a "Water Well Report for an Existing Well" form. This form is available at Ecology's headquarters office. Do not use this form for wells that do not have a Water Well Report. WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT First Name: _____ Last Name: _____ RECEIVED Street Address: City: _____ State: ____ DEPT. OF STOLOGY LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT Well Address: 1687 Bonnie LANE Well #7 City: Compro Island County: Island 3/ N. R. 3E W.M. Sec. 30 NW 1/4 of the NW 1260' East AND 1150' South on NW COINN Sec 30 FOR AGENCY USE ONLY Latitude _____ '_ GPS ... Topographic Map Survey Computer generated

Additional information, if available:

Location marked on topographic map (please attach)

Location marked on air photo (please attach)

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical description of well (size of casing, type of well, housing, etc.)

See well Report

Location of Well identification Tag:

North Wall of well house by hour meter

T # V 1 3 3 3 5

SEP 1 1 200K

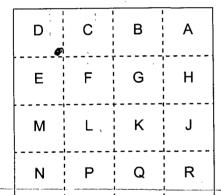
Was supplemental tag need for ease of identifying well

Yes



No

If yes, where was tag placed? _____



Scale 1:24,000 (1" = 2,000')

Indicate the location of the well within the Section by drawing a dot at that point

SECTION 30

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right # 6 1-00513

Circle One:

Application

Permit

Same of the first of the



Claim

Exempt